



APPLICANT DETAILS:

HORSE OWNER:

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE (HOME) _____ TELEPHONE (WORK) _____

MOBILE: _____ EMAIL: _____

NAME AND CONTACT DETAILS OF REGULAR:

VET: _____

FARRIER: _____

DENTIST: _____

FEED SUPPLIER: _____

DETAILS OF APPLICANT AND/OR FAMILY MEMBERS

List details of all family members who will be handling/riding the agisted horse at Kellys Road Agistment Centre.

NOTE: Each person entering the property will be required to sign a separate waiver if the application for agistment is successful.

Full Name	No of Years Owning/leasing Horses	Age	Experience Levels		
			Some Experience	Average Experience	Very Experienced
			0 – 100 Rides	100 – 200 Rides	>200 Rides
			< 2 years	2 – 5 Years	>5 years

Please describe below the type of handling/riding that you (and family members) will be undertaking whilst at Kellys Road Agistment Centre facilities



HORSE DETAILS			
Name			
Breed			
Height			
Age			
Colour			
Sex			
Identifying Marks/Brands			
Level of Training			
Vices			
Injuries			
Recent Illness			
Last Tetanus and Strangles Vaccination			
Last Worming			
Horse Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Details			

NB: If your horse is not up to date with vaccinations and worming on arrival we will vaccinate the horse at your cost. Fees for vaccination and worming are found in the schedule of fees.



PLEASE SUPPLY THE FOLLOWING PHOTOS:

Nearside Photo

Offside Photo

Head Photo

Photo Any Unique Identifying Marks

PREVIOUS AGISTMENT HISTORY

Please provide details about your last 5 years agistment history.

Agistment Centre	Contact Name	Contact Number	Start Date	End Date	Number Of Horses

If there is less than 5 years history please provide 3 other trade references. E.g. Farrier, Vet, Riding Instructor.

Name	Contact Number	How do you know them?



PLEASE LIST ALL ITEMS OF TACK/RUGS (INCLUDING A BRIEF DESCRIPTION) THAT YOU WILL BE LEAVING AT KELLYS ROAD AGISTMENT CENTRE:

Bridle:

Halter:

Saddle:

Saddlecloth:

Rugs:

Boots/Bandages:

Other:

Please note that all items left at Kellys Road Agistment Centre are done so at the owners own risk. It is recommended that you arrange insurance for your tack.

Disclaimer:

I _____, am applying to have my horse(s) agisted at Kellys Road Agistment Centre and I agree to the following:

I own the horse(s) detailed in this application and am legally able to make all decisions regarding that horse(s).

I understand this is an application only and that regardless of any wording within this document no offer has yet been made to agist any horses.

Information on this form will only be used as necessary to assess the suitability of the application and for record keeping purposes.

I acknowledge that the Kellys Road Agistment Centre relies on the information provided by me and I state that all the information is accurate and complete.

SIGNED: _____ DATE: _____
(Horse(s) Owner)